## Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES		30X 136, Jackson, IVIS 3920	12-0130	
AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Division of Medicaid		Margaret Wilson	601-359-5241	
ADDRESS		CITY	STATE	ZIP
550 High Street, Suite 1000		Jackson	MS	39201
EMAIL	SUBMIT DATE	Name or number of rule(		
Margaret.Wilson@medicaid.ms.gov	05   15   2013	Part 200 General Provider Information, Chapter 2 Benefits, Rule 2.2B and C Non-Covered Services		
Short explanation of rule/amendment/rea. This proposed filing to the MS Admin Rule 2.2.B and C Non-Covered Service (SPA 2011-006) and other types of hea and SPA 2011-006 effective 10/01/20 subparagraph 4. Non-substantive revision Specific legal authority authorizing the List all rules repealed, amended, or sus	ustrative Code Title 23 es is to include the threathcare settings (SPA 211 and SPA 2012-001 ons are being made to promulgation of rule: 1	Medicaid, Part 200 Gene e never events in inpatient (012-001). This filing com effective 06/01/2012 and Rule 2.2A. MS Code §43-13-121, SPA	ral Provider Informations hospital (SPA 2011 pplies with the CMS according to MS C	-004), outpatient hospital mandated SPA 2011-004 Code Ann. § 25-43-1.103
Chapter 2: Benefits, Rule 2.2,B and C Non-Covered Services and non-substantive revisions to Rule 2.2A.				
ORAL PROCEEDING:				
An oral proceeding is scheduled for this rule on Date: Time: Place:				
Presently, an oral proceeding is not scheduled on this rule.				
If an oral proceeding is not scheduled, an oral protein (10) or more persons. The written request should easier of proposed rule adoption and should include agent or attorney, the name, address, email address comment period, written submissions including a ECONOMIC IMPACT STATEMENT:  Economic impact statement not recommend.	nould be submitted to the agude the name, address, ema ress, and telephone number arguments, data, and views o	ency contact person at the above il address, and telephone numbe of the party or parties you repres	e address within twenty ( r of the person(s) making sent. At any time within t t/repeal may be submitte	20) days after the filing of this the request; and, if you are an he twenty-five (25) day public id to the filing agency.
TEMPORARY RULES	PROPOSED	ACTION ON RULES	FINAL ACT	TION ON RULES
Original filing	Action proposed:		Date Proposed Rule	
Renewal of effectiveness	New rule(s		Action taken:	
		nt to existing rule(s) existing rule(s)	Adopted with no changes in text	
		y reference	Adopted with changes Adopted by reference	
Other (specify):			Withdrawn	
X 30 days aft			Repeal adopted as proposed	
	Other (sp	ecify):	Effective date:	YEAR
			30 days after	
p	dural to Elevision (Bri	d I deleter of D Financia	Other (specif	γ):
Printed name and Title of person authorized to file rules: David J. Dzielak, Ph.D.) Executive Director  Signature of person authorized to file rules:				
DO NOT WRITE BELOW THIS LINE)				
OFFICIAL FILING STAMP		L PHING STAMP	OFFICIAL	FILING STAMP
i di	S MA	Y 1 5 2013 SSISSIPPI ARY OF STATE		
Accepted for filing by	Accepted for fill	ng by	Accepted for filing by	

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.